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"...the forgotten heroes": a qualitative study exploring how friends and family members of DV survivors use domestic violence helplines

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Abstract

Many women who experience domestic violence (DV) seek support from friends, relatives, colleagues and neighbours. There are substantial knock-on effects for informal supporters, and they may seek help themselves. Tailored services for this group are rare, but domestic violence helplines can provide listening and signposting support. The aim of this exploratory study was to understand which informal supporters contact domestic violence helplines, and what form these calls take.

Three focus groups, following a topic guide, were conducted with staff and volunteers for domestic violence helplines during autumn 2015. Discussions were digitally recorded, transcribed verbatim, and imported into NVivo10 software. Transcripts were coded line-by-line, and a thematic analysis carried out. All participants were female, aged between 22 and 54 years, with between two months' and eight years' experience of taking helpline calls.

Findings indicate that people with broad ranging connections to a survivor call a helpline. Calls can be triggered by disclosures, abuse escalation, witnessing incidents, feeling overwhelmed, and media highlighting of DV. Informal supporters respond to survivors, and experience impacts, in differing ways, often associated with their gender and their relationship with the survivor. Frequently, they feel a sense of responsibility and a desire to rescue the survivor, often calling a helpline to reduce feelings of helplessness and to seek a "magic" solution. Many people are concerned about the legitimacy of their involvement and seek reassurance about the validity of their own help-seeking. Helpline workers feel that informal supporters would benefit from opportunities to reduce isolation, have their predicament acknowledged, and learn from peers.

DV helplines have an important role in helping informal supporters of survivors. The help requested is predominantly to equip and empower the informal supporter, so that they feel more adept at coping themselves and, are thus, better able to offer support to the survivor.

Keywords: Domestic Violence; Disclosure of domestic violence; Vicarious trauma

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Introduction

Domestic violence against women remains highly prevalent despite national and global policy responses. (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005; Walby, Towers, & Francis, 2015) In 2000, in a UK Home Office briefing note on what works to reduce domestic violence, Walby and Myhill emphasise the need to consider the "availability of formal and informal support", "the readiness and availability of family and friends to provide assistance", and the "extent and effectiveness of informal and formal sanctions" (Walby & Myhill, 2000). What they were highlighting was the importance of considering the people in survivors' social networks (informal supporters) as part of the solution for preventing domestic violence, promoting desistence, and providing help and support to survivors and their children. Essentially these ideas build on the fact that, *"Survivors are likely to turn to informal third parties if they disclose at all"* (Klein, 2012).

From research studies, we know that the vast majority of women in abusive relationships choose to disclose to, or access support from, the people around them, (their friends, relatives, colleagues and neighbours) sometimes alongside, but more often instead of, seeking help from professionals and specialist services (Klein, 2012). For example, the 2016 Crime Survey for England and Wales indicates that of the 88% of survivors who disclosed their experiences of partner abuse to anyone, 80% had told an informal supporter, compared with a much smaller proportion (43%) who had told someone in a professional capacity (Crime Survey for England and Wales, 2016). Research in other countries in the global north indicates a very similar picture, with between 80% and 94% of survivors who have disclosed their experiences, doing so to a friend or family member, occasionally alongside a disclosure to a professional, but often not (Ansara & Hindin, 2010; Fanslow & Robinson, 2010; Goodkind, Gillum, Bybee, &

Sullivan, 2003; Parker & Lee, 2002). Moreover, US research reported that in more than a third of partner abuse incidents, another person was present, directly witnessing violent behaviours (Planty, 2002). The people around a survivor are thus, through disclosure and/or direct witnessing, likely to know that something harmful is happening in the relationship, even if they are not completely sure what they are seeing, or what is being recounted.

In terms of the responses of informal supporters, research with survivors has indicated a mixed picture. Survivors report a wide range of extremely helpful, helpful or neutral responses from the people around them, particularly where emotional or tangible support are offered (Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009; Bosch & Bergen, 2006; Sylaska & Edwards, 2014; Trotter & Allen, 2009). At the opposite end of the spectrum, they describe words and actions which are unhelpful, and even some which could be considered abusive in their own right (Belknap et al., 2009; Bosch & Bergen, 2006; Sylaska & Edwards, 2014; Trotter & Allen, 2009). Survivors frequently describe mixed responses, both from different individuals and from the same individual; however, despite negative and mixed responses, the majority of survivors are able to identify at least one person in their network who "*provided them with some type of support"* (Trotter & Allen, 2009).

The responses, judgements and behaviours of informal supporters have the potential to significantly help or harm a situation (Edwards, Dardis, & Gidycz, 2011; Klein, 2012; Sylaska & Edwards, 2014). When people offer a survivor support that *is* positive, there are strong indications that it can buffer against the effects of abuse on the survivor's physical and mental wellbeing. It can reduce anxiety, depression, post-traumatic stress disorder, loneliness and suicide attempts, and promote self-esteem, confidence, and help-seeking (Coker et al., 2002; Coker, Watkins, Smith, & Brandt, 2003; Fanslow & Robinson, 2010; Fry & Barker, 2002; C. Tan, Basta, Sullivan, & Davidson, 1995; Waldrop & Resick, 2004). There is also some

evidence to suggest that positive informal support acts as a protective factor against future abuse (Klein, 2012; Plazaola-Castano, Ruiz-Perez, & Montero-Pinar, 2008; Roberts & Schenkman, 2005).

Recognising the importance of informal supporters in the lives of survivors, and all the potential good which could result from positive interactions, the UK National Institute for Health and Care Excellence highlights the need to conduct research with this population, particularly with survivors' family members (NICE, 2014). The direct study of survivors' networks remains in its infancy, but our programme of work on this topic has begun to provide an evidence-base about the potential ripple-out effects for this group of people. They are neither neutral nor detached, and are facing challenging and complex situations which can be emotionally demanding to navigate (Gregory, 2015; Gregory, 2017; Gregory, Feder, Taket, & Williamson, 2017; Gregory, Williamson, & Feder, 2017; Latta, 2008; Latta & Goodman, 2011). Further research is needed to consider what their needs in the situation might be, and to explore options for meeting these.

At present, specialist support provision is rarely targeted towards those providing informal support to DV survivors. There is, however, a network of DV helplines for women survivors within the UK, including the National Domestic Violence Helpline (England), which is run by Women's Aid in partnership with Refuge. Additionally, there are specialist national domestic violence helplines for Scotland, Northern Ireland and Wales, and helplines provided by regional specialist services.

Whilst predominantly responding to survivors, the network of DV helplines can also offer listening and signposting support to other people. For example, in 2016/17, 16% of the calls dealt with by the National Domestic Violence Helpline in England were from people connected with a survivor, and around half of these were non-professionals (friends, family

members, neighbours and colleagues) (Women's Aid, 2017). This gives us an indication that there is demand for support, but in order to understand what informal supporters might need, it is important to first explore how they are using the resources currently available to them. Whilst helplines record information about calls for monitoring purposes, there is no routinely collected information about the context and content of calls from informal supporters, for example what the caller's relationship is to the survivor, what prompts them to call, what assistance they are seeking, and what help and support they might need. The aim of our study was to explore these questions, to understand how informal supporters are using the currently available services, and what additional support needs they might have.

This study purposefully focused on informal supporters of *female* survivors of domestic violence and the respective helplines for two reasons. The first is the gender asymmetry regarding the prevalence and impact of DV (Archer, 2000; ONS, 2016), and the second is that less has been known historically about male survivors help-seeking (Ansara & Hindin, 2010; Hester et al., 2012), although this is gradually changing (Huntley et al., 2019).

Methods

Recruitment

Three focus groups (12 female participants) were conducted with specialist domestic violence helpline staff and volunteers in the UK during autumn 2015. For this study, only helplines focussed on supporting women survivors of DV were included.

The aim of the focus groups was to explore the experiences that helpline staff and volunteers had had with taking calls from informal supporters of DV survivors. We were particularly interested in which groups of informal supporters were using a helpline, how they were using it, what the needs of these groups were, what the helplines could currently offer, and participants' ideas about tailored service provision for informal supporters. We recruited

participants using convenience sampling, including snowballing strategies, with recruitment materials and eligibility criteria directed towards people who worked or volunteered for a specialist DV helpline (Braun & Clarke, 2013; Ritchie, Lewis, & Elam, 2012). Helpline managers promoted the research by displaying highlight notices and posters on noticeboards for helpline staff and volunteers, and by emailing study invitations. People were eligible if they were aged 18 or over, had at least 6 months' experience of working/volunteering for a specialist DV helpline, and were able to speak English fluently. Ethical approval was obtained from the University of Bristol's Faculty of Medicine and Dentistry Committee for Research Ethics.

Procedures

The advertisement materials included the lead researcher's (AG) email address, and people interested in participating were requested to contact her. Potential participants were screened to ensure they met eligibility criteria for the study, and they received both written and verbal information about the research; written participant information sheets and consent forms were shared at least 48 hours prior to the focus group. All participants provided written informed consent before the groups began. The researchers co-ordinated the availability of participants to ensure maximum participation, and the focus groups were conducted in private meeting rooms within the specialist DV organisations where participants worked, in order to facilitate attendance. Participants were asked to complete forms collecting brief demographic and role-related information, to enable a summary description of those who took part in the focus groups. Each focus group was facilitated by two researchers; one researcher (AG) led the discussions, whilst a second researcher (AT) audio-recorded the session, noted who was speaking to aid transcription, and made supplementary notes regarding her observations. Open-ended and flexible questioning was used to stimulate group discussions regarding participants' own experiences and opinions, and the researchers adopted an informal and inclusive style to encourage all participants to contribute. At intervals throughout the sessions, a verbal summary

of the discussion was fed-back to participants in order to allow for group checking and further reflection. The focus groups lasted between 28 and 52 minutes.

A topic guide for the focus groups was created, influenced by related research conducted by the first author (Gregory, 2015; Gregory, 2017; Gregory et al., 2017a; Gregory et al., 2017b). The topic guide explored the experiences of helpline staff and volunteers in taking calls from informal supporters of DV survivors, and their views about service provision for this population. At the end of the focus groups, participants were given a £10 shopping voucher to thank them for their participation in the study. Participants were also reimbursed any travel expenses and were offered an information sheet detailing local and national specialist support agencies that they could contact for support should they wish to. In addition, participants were given the option to indicate whether they would like a summary of the findings, which was emailed out following the analysis.

Participants

The participants recruited were a mixture of helpline staff and volunteers, were aged 22-54 years old, were all educated to at least degree-level, and the majority (83%) were White British. They had between two months' and eight years' experience of taking calls for the helplines where they currently worked or volunteered. We adapted our original eligibility criteria around length of experience to include participants who had worked in their current role with a specialist helpline for less than 6 months, but who had substantial relevant experience with other specialist helplines.

Data analysis

The focus groups were audio-recorded, with consent, and transcribed in full; the transcripts were subsequently anonymised, checked for accuracy and then imported into NVivo 10 to facilitate data analysis. Thematic analysis (Braun & Clarke, 2006) using techniques of constant

comparison (Charmaz, 2006) was used to examine the data, in order to identify and analyse patterns and anomalies. Transcripts were examined and coded on a line-by-line basis, and an initial coding frame developed and applied. The constant comparison process allowed the adaptation of the coding frame as the analysis progressed, permitting the generation of new themes, and the refinement and modification of existing themes. To enhance analysis and enable discussion and interpretation, team members (AG, AT & KP) independently coded the transcripts, and a shared understanding was reached through collaborative discussion.

Since this work is largely exploratory in an emerging field of inquiry, the findings presented will first include a descriptive overview (to answer practical questions and to provide context), followed by a more in-depth and nuanced report of the generated themes. Quotes from the focus group discussions will be used to illustrate the themes.

Findings

Overview

It was apparent from the focus group discussions that a broad range of informal supporters contact DV helplines. Participants mentioned calls from survivors' relatives, including mums, dads, sisters, brothers, sons, daughters, aunts, cousins, grandparents, and other extended family members. Participants also mentioned friends, neighbours, flatmates, colleagues, bosses, and even relative strangers. For example, one participant had taken a call from a librarian to whom a survivor disclosed whilst borrowing books, another had spoken to a sales assistant in a mobile phone shop who had helped a survivor change her contact details, and a third had talked with someone who had happened to witness an assault in public and had let the survivor into her car for protection. In addition, helpline staff occasionally received calls from family members or friends of a perpetrator, usually to express their concerns about the perpetrator's behaviour. Participants estimated that they might get, on average, one call from an informal supporter

during a 7-hour shift, though frequency varied between the different groups, with calls from relatives and friends being far more frequent than calls from colleagues and neighbours.

In terms of what was known by informal supporters about the situation, participants described some as knowing very little, and choosing to contact a helpline in order to work out whether they should be concerned or not. At the other end of the spectrum, people had taken the role of sole confidante to a survivor, or had witnessed abusive behaviours, and thus knew considerably more. The forms of abuse that informal supporters spoke about during calls included: psychological abuse, control of the survivor's movements, isolating tactics, stalking behaviours, verbal abuse, false criminal accusations, financial exploitation, and physical violence. Sexual abuse was rarely discussed, and helpline staff felt that this was probably because survivors did not discuss these experiences with informal supporters.

Participants described a number of triggers and events which had prompted informal supporters to contact a helpline: disclosures from survivors (or other people closely connected with the situation); a change in the survivor's or the informal supporter's circumstances where either an increase in abuse, or a reduction in the amount of support accessible, were anticipated; crisis points, where the abuse had changed or escalated substantially, or when the informal supporter had become more aware of the extent; and feeling overwhelmed or drained emotionally by the situation, particularly when the support was being given solely by one individual over a prolonged period. In addition, participants described a surge in the volume of calls they received, from informal supporters as well as survivors, when DV received media attention, particularly when there were relevant storylines in television or radio soap operas.

Themes

Gendered and relational nature of informal response. Apparent in the narratives of focus group participants was the influence of gender. Male and female informal supporters

called a DV helpline for distinct reasons, reacting in different ways during the calls, and expressing the situation (and its impact upon them personally) in dissimilar ways.

Women would call a specialist helpline even if they barely knew the person experiencing abuse, including people who had met a survivor incidentally, or neighbours who had never communicated verbally with the survivor:

> *Someone who'd encountered a woman in a phone shop, she just started asking about a phone contract and then she just told her everything, she called us up going "I don't know what to do" [STSA06]*

> *I spoke to a neighbour once who hadn't ever spoken to the woman but had some kind of unspoken agreement that when things happened, she would – it was quite chilling –if she heard shouting, she would unlock her back door and allow the 8 year old child from next door to let himself in through her back door and the woman didn't actually speak English, she was Polish, the next door neighbour and they'd never had a conversation about this, but it was like this unspoken arrangement they had and one night it was so bad that she let the son sleep there and she rang the helpline to say "this has been happening a while, and I don't want to pry but now I've had her son stay for the night, I am really…" like I think she just sent him to school and he could speak English and he spoke to her about what was going on in the home but that idea, that the women weren't even really…you couldn't even really call them friends, but they had this communication [STSA01]*

Women were also perceived as calling more frequently and knowing more of the details about the situation. This was particularly common for sisters and female friends, often as a result of direct, in-depth disclosure by a survivor. There was some suggestion that women's greater likelihood of personal survivor experience might contribute to this:

> *Some people are just sensitive to it…I had a woman phone up about one of her employees because she had suspected for a while that this young woman was being abused at home by her step-dad…and the feeling I got from her was that she'd been through it herself [STSA08]*

Male informal supporters were more likely to describe to helpline workers how they had missed the significance of smaller changes in the survivor's or the perpetrator's behaviour, but were prompted to "join up the dots" at the point where they witnessed overt behaviours:

> *…he said he could hear the scream of abuse down the phone, and then he said "And I've noticed she's not looking well and she's not herself…." And then, once the suspicion was aroused, there was other signs of abuse happening that he remembered and then it formed a pattern [STSA11]*

Whilst both men and women expressed concern for survivors, female callers were perceived as experiencing a heightened sense of emotional turmoil, often expressing greater anxiety, distress and worry about the survivor's safety:

> *I had [a mum] in absolute tears last week, absolute, literally tears, very distraught, very distressed… and she was just screaming down the phone…it's one of the most distressing calls I've had actually [STSA02]*

Male callers also expressed emotions during calls though this was more frequently in the form of frustration and anger:

> *I think just male callers in general…They get confrontational, don't they? "So are you telling me you're not going to do anything, you're just going…what kind of helpline are you?" [STSA04]*

Helpline workers understood this frustration and anger as an expression of the caller's feelings of impotence, and they described how lots of the men were battling with a strong urge to "*do something"* in order to resolve or alleviate the situation:

> *We do get the challenging ones, you know, "I'm going to ring the police, I'm going to do this…" and you have to really support them through it to say, "that's not going to be safe for you to do that"…it's frustration I would say more than anger, isn't it? They just become challenging because … practically there's not much they can jump in and do to rescue them out of that situation [STSA02]*

> *And sad Dads…and all he wants to do is go round and be Superman and actually has that awareness that that's not going to work [STSA07]*

On a more sinister level, there was also acknowledgment that some male callers presented as quite controlling, and that helpline staff had suspicions that they were, in fact, perpetrators masquerading as an ally whilst using a helpline for their own purposes:

> *STSA02: And when you come off [the call] you get the feeling like I said that are they actually like a male partner…or are they just actually trying to get information off of us to…hide…*

> *STSA01: Are they going to put the phone down and go "well I just spoke to the helpline and they say you need to get over it"*

In addition to gender, there was also a relational element to the responses of, and the impact on, informal supporters. In particular, sibling and adult children supporters were viewed as knowing more than parental supporters, as being "*a bit calmer",* and as more pragmatic:

> *In my experience, siblings are slightly more practical. Slightly more wanting to know the right way to do things, I don't know if it's like a generational thing…[STSA01]*

> *I had a son ring and I think they want them out of the situation. They seem to be a bit more practical rather than emotional, but I don't think that's them expressing that they're not upset, but when they tend to ring it's like, "Well, I want my mum to be somewhere safe." [STSA12]*

Helpline workers found calls from mothers and fathers particularly hard, due to the high levels of pain and sadness expressed. Participants felt that the longevity of the relationship, the level of perceived responsibility, and the frequent self-blame, influenced this depth of emotion:

> *…really, really sad parents where this has been going on for 10-15 years, because you really feel how sad they are and they've been here before and it's just you know, there's nothing you can do … because if we have a difficult call we tell each other and it's like "are you alright?" "Yeah, sad Dad…" you know, "sad Mum…" [STSA06]*

> *…there's that absolute "what can I do?" and it's so…you can hear the pain is so great [STSA07]*

Sense of responsibility and desire to rescue. In addition to the sense of responsibility felt by parents, helpline workers also described more generalised feelings of responsibility that third-party callers experienced. These feelings often coincided with people viewing the survivor as someone in need of *"rescue", "saving"* and *"protection"*:

> *And that's a real thing for people, the fear of injury and death and not being able to protect that person, you know, little children protecting their Mums who grow up to be adults and they're still that little child. [STSA08]*

Friends and family members thought about getting professional agencies involved, for example by reporting what was happening. More often, they were inclined to try themselves to simply remove the survivor from the situation or to directly tackle the perpetrator:

> *"I'm going to go and pick my sister up." And she says, "And when I call back tomorrow, I want you to help me to get her a refuge." A very, very straightforward call. And I was like, "Okay," and she was like, "Bye." So, I don't know whether she just wanted to*

clarify that that's what she was doing, but she said, "I'm going out now and I'm gonna go pick her up." [STSA12]

Feelings associated with this level of responsibility were particularly challenging when abuse had happened over a long period, and when the survivor was disclosing very difficult, shocking or emotive experiences, but denying the person supporting them any opportunity to intervene:

…you'll speak to someone where it's been going on for 9 years and she comes home and then he attacks her and she goes back…and that's really hard sometimes where they use that third-party as a coping mechanism, where they never let them help them, but they'll go "So today he beat me up", "Can I call police?" "No", "Can I do this?" "No"… the way that I see it, it's almost like somebody is calling up and going "Hi, I'm on fire", "Can I call fire brigade?" "No" "Can I come over with a bucket of water?" "No", "Can I throw a blanket on you?" "No"…I think after a number of years it's really disempowering…just having to hear "I'm being hurt all the time, but you can't do anything", that's just horrible [STSA06]

Occasionally, the desire to protect resulted in extreme actions by friends and family members designed to extricate or release the survivor from the situation. Paradoxically, some of these actions included curtailing and overriding the survivor's choices:

I remember I spoke to someone's big brother once who was quite a few years older than the young woman and his response to this was obviously like, "right, now I'm going to be dealing with it, I will be going down, I will be taking her, I will be doing this, this and this…she doesn't have a say in the matter" [STSA09]

In response, helpline workers tried explaining to callers how counter-productive dominating actions might be in trying to support a survivor in a controlling relationship, encouraging callers instead to try to *"see things from the woman's point of view as much as possible"* and to find ways to support the survivor to make her own decisions.

Transference of helplessness. Helpline workers spoke about feelings of helplessness a great deal. It was clear from their narratives that there was almost a contagion effect, with survivors' feelings of powerlessness and lack of agency transferring to the third parties involved in their lives:

…that sense of helplessness really from most people…that they feel helpless and then, "you're useless, no one's helping", I don't know it can just feel like it's contagious…[STS10]

Helpline workers described how the roots of these feelings were embedded in the patience and forbearance required to watch a DV situation from the side lines, and discussed the possibility of secondary traumatisation for those watching:

> *…and they feel helpless because there's only so much you can do and it has to obviously come from the survivor, they have to want to access support. That's one of the most difficult ones isn't it when you tell them their daughter might not want to leave or might have left three or four times, they're not ready, they obviously want to protect them and get them out…[STSA02]*

These feelings were exacerbated if the third-party felt that insufficient help or inappropriate responses were being received from professionals:

> *I had a call from a friend this morning. There's been concerns that the perpetrator's gonna try to take their baby away when he goes on holiday, and she says, "The police aren't helping her at all, and I feel like I can't do anything and I really want her to go into a refuge and be safe and take the child with her and everything."…the police aren't helping this lady, and she's probably going back to her friend and her friend's thinking, "I can't do anything," and she probably feels so helpless [STSA12]*

> *I think third parties sometimes feel very let down by the police because they don't see that the police are doing what they should be doing…actually there's very little that services can do unless the person wants the support. It all goes back to, doesn't it, the person wanting support or not? [STSA08]*

The knock-on implication of taking these calls, where the friend or family member was describing their helplessness and impotence, was one of transference, with helpline workers feeling increasingly despondent and disempowered as calls progressed:

> *STSA10: …I think the survivor feels it, they may sometimes have said "I'm in this horrible relationship, I'm really frightened" and then they retract. They may say "I can't do anything about it" and the person feels they're trying to do all the help-seeking for them and then they feel really helpless, and I just, I sometimes experience this kind of contagion of helplessness really…*
>
> *[Agreement]*
>
> *I: It's almost, it radiates through?*
>
> *STSA10: Yeah. And being careful you don't get drawn into that yourself really, through listening*

Seeking the "magic" solution. As part of their help-seeking, informal supporters frequently requested an easy or "magic" solution to address the situation quickly and completely. Helpline workers described an almost "wishful thinking" on the part of callers, that if they could just find the right thing to say or do, the situation would be a rectified. Not only did callers want this so that they, themselves, could instigate an end to the situation, but they wanted agencies to get *"someone round here to sort it out"*:

> *…. all the way through the spectrum down to "we're at the end of our tether, isn't there a service that can just come in and get him out?" [STSA01]*

Helpline workers described their heart-sink in dealing with these calls, finding them "*hard*" to deal with and "*depressing*", because the complexity of most DV situations hampers simple intervention and resolution. Their responses explaining the lack of a simple "fix", were not always well-received by callers, who would them start blaming helpline staff and questioning their efficacy (discussed in greater detail in the following theme).

Blame and guilt. Blame and guilt were mentioned in several ways by participants in the focus groups, with people describing friends and family members blaming the survivor they knew, or the professionals who were trying to support and advise them (including helpline workers), and frequently themselves. The survivor-blaming was sometimes considered by helpline workers to be intentional, and on other occasions inadvertent. In both cases it was described as taking two forms: in the first, callers criticised and belittled the abilities of the survivor, describing her as *"stupid"* and *"silly"*, and indicating that they felt she was incapable of making good decisions:

> *…she was like "well she's so feeble minded she'll just go back to him" …it's like "there's a problem, I'm going to sort it, she's no good at doing it so I'm just going to sort it out so just help me yeah?" [STSA06]*

In the second type of survivor-blaming, callers expressed their resentment that the survivor was putting them in this position, as though she was being thoughtless or even selfish for doing so:

"Look what she's doing to us" and "why doesn't she realise what's happening to us?" [STSA02]

Calls from a survivor's new partner could be very positive but, on occasion, they were not, including survivor-blaming rhetoric and accounts of their own contrasting behaviour:

STSA03: Everything's woe to them…so, you know, "she won't do this" or…

STSA01: "I've been amazing…"

STSA03: "I've been there to support her, but she won't do this for me, she's just not giving enough to the relationship, but I've done…"

STSA02: Yeah…

STSA01: "Can you speak to her and get some sense into her?"

Whilst helpline staff gave examples of the ways they countered and challenged assumptions in these discourses, they felt they were not always successful in doing so. As mentioned previously, it was also not unusual for informal supporters to overtly blame helpline staff when they felt they were not getting the responses they wanted, and this was more likely from male callers. This could be in the form of questioning whether helpline staff should do more:

And they often question why we can't give them more than we do because they want to be active in doing something to support them…[STSA02]

At the other end of the spectrum, people became *"shouty"*, *"aggressive"* and *"confrontational"*, even suggesting that helpline workers would be accountable for any subsequent tragedy:

… if the call almost isn't going their way, which is weird because I guess that is about maybe them not hearing what they expect to hear, they'll start criticising you, as what you're doing for your job, like your role and your job and the whole organisation, which is ridiculous – like "do you want to seek help for this woman or do you want to rag on our service, you know like and just to say how crap we are?" [STSA04]

In addition to outward-facing blame, towards both the survivor and helpline staff, participants also described differing forms of self-blame. Included within these, were blaming oneself for not having noticed or responded sooner, and for not being able to respond as one would like:

> *And sometimes I feel like it's almost a sort of guilt as well, of like, this is going on and then… they want to support the woman, friend, relation, but how they're so appalled by the partner's behaviour it's almost driving a … almost sort of guilt and frustration that the perp is succeeding, 'cause it's like, "I wanna help, but I can't." You know, this perp is making it so difficult to be near or offer any help, it's almost driving the people … you know, the relation or friend, apart [STSA11]*

Participants also described the guilt that some people felt regarding their own negative emotions about actions the survivor was taking, or about their own actions which they perceived as having inadvertently made the situation worse for the survivor:

> *…or kids who grow up with it, had enough, finally move out, feel abject guilt for leaving Mum there, but Mum's not going anywhere and it's still happening or finding out later that that was a bad thing and now the parents are in their 70s [STSA06]*

Moreover, parents were inclined to question their parental abilities, doubting whether they had done a good job of raising their daughter, and asking themselves, *"where have I gone wrong?"* This was particularly the case for women who were themselves survivors; there was a strong sense in which they felt they had failed their daughter if she too entered an abusive relationship:

> *I had a woman recently, she was a survivor and her daughter was going through domestic violence and she was really, really angry. 'Cos she was like "well I've gone through it and obviously I haven't brought her up properly and I haven't helped her and it's my fault" and so there's a lot of self-blame there as well [STSA03]*

Legitimacy of being involved. Participants described informal supporters as frequently seeking reassurance about their involvement in the survivor's situation. This was apparent in two main ways. The first was in informal supporters' uncertainty about whether *their* use of a DV helpline was legitimate - with people starting conversations by seeking sanction for their call, or seeking reassurance that they were using the resource appropriately:

> *… they call, they're always kind of like, "I don't know if I'm meant to be calling here." They're always quite apologetic at first… from what I've experienced, mostly they don't wanna be taking up someone else's space [STSA13]*

The second concern related to informal supporters' worries about whether they were betraying the trust of the survivor by talking about the situation, fearing that this was an invasion of the survivor's privacy and an indicator of disloyalty:

STSA11: I think some really feel like they can't talk about it to anyone – they've got to keep it sort of … keep the confidentiality of the woman or keep it a secret…

STSA13: That whole betrayal thing again

Helpline workers reassured people that their involvement, and use of the helpline, were appropriate, but also expressed concerns that these doubts and anxieties might inhibit people's connections with survivors and might prevent people from calling to access support.

Isolation, acknowledgement, and learning from others. With regards to the informal supporters who did feel able to call a helpline, participants were concerned that they were often the only *"port of call"*. They regularly asked callers what other forms of help they were accessing, and most responded that they were not:

> *…from my experience I don't think there is a lot of support out there for supporters of victims. I think they're sort of, I suppose, the forgotten heroes, in a way, for how much they actually do [STSA12]*

When asked to describe what might be helpful as a tailored service for informal supporters, participants mentioned a range of possibilities including buddying systems, education and empowerment programmes, one-to-one counselling support, enhanced online information, peer-led support groups and internet-based fora. Though a range of formats were suggested, the commonality from the discussions centred on three elements: reducing the isolation and the "silencing" around DV; acknowledging and "normalising" people's experience of their informal supporter role; and learning from the experiences of other people.

Regarding isolation and silencing, informal supporters who called a helpline were sometimes the only people the survivor had confided in, and the burden of carrying this knowledge and responsibility alone was readily apparent. Connected with this context of isolation, and the emotions evoked, there was a need for informal supporters' experiences to be acknowledged. During the processing of what was happening, it was helpful to have their helplessness, frustration, distress and guilt recognised as usual responses to the situation:

> *…a phone call with, for example, a mum, might start off quite practical, she'll be asking practical questions and then the moment that you acknowledge that it's hard for her too, then she might break down and she might just start to acknowledge the emotional side of that and then, we can say that we are a service for her as well [STSA01]*

In addition to specialist help provided by helpline workers, participants felt strongly that elements of peer support would be an important part of any future service development. They viewed peer support as: offering reassurance by normalising people's experiences, providing opportunities to journey alongside others in a similar position, and giving people the chance to learn directly from one another. Participants described how this learning could help informal supporters personally *and* empower them in the support and advice they offered survivors.

Discussion

From the focus group discussions with helpline workers, it was apparent that responding to people providing informal support to survivors is part of DV helplines' core daily work. The population of informal supporters responded to is extensive in type and closeness of people's relationship with a survivor (or less frequently, their relationship with a perpetrator). Calls from family members were most common, and there was huge variation regarding how much callers knew about what was happening. This is likely to be an effect of the variation in survivors' experiences and subsequent help-seeking behaviours, and also in the closeness and trust within the specific informal supporter-survivor relationship. Research indicates that survivors may be unable or unwilling to disclose to those around them. This can be for a whole host of reasons including: social isolation by partners, having "used up" the good will of other people, not wishing to burden or endanger others, trying to manage people's reactions and the likelihood of support, and not being certain of receiving a helpful response (Dunham & Senn, 2000; Fanslow & Robinson, 2010; Goodkind et al., 2003; Kelly, 1996). In work exploring the help-seeking pathways of survivors, research indicates that crisis points, where the perpetrator's behaviour escalates or where the survivor's situation becomes more desperate, are important

triggers (Evans & Feder, 2016). Likewise, the appreciation of imminent danger, distinguishing behaviours as abuse, the recognition of significant negative impacts on self and others, the realisation that things are never going to change, and sudden surges of emotion, are important in activating survivors' help-seeking behaviours (Abrahams, 2010; Kirkwood, 1993). The findings from the current study indicate parallels in these triggers for help-seeking, with informal supporters also prompted by abuse escalation, perceived danger, increased awareness, and impacts on emotional wellbeing.

Another important finding was callers' uncertainty about whether *their* use of a helpline was legitimate; with many seeking reassurances about whether they were using the resource appropriately, and about whether they were being disloyal by discussing the situation. Research has shown that informal supporters recognise that they will need some support themselves in order to stay engaged with the survivor, but that many people have concerns about how their own help-seeking might impinge on the trust within the relationship (Gregory, 2015; Gregory et al.,2017b; Latta & Goodman, 2011). Additionally, related research with people providing informal support to a person with a physical illness (often described as "carers") has highlighted the *"ambiguity about the legitimacy of carer needs"* experienced. Though heavily involved, and of vital importance, carers did not feel that professionals and services were in place to recognise and meet *their* needs (Carduff et al., 2014).

The gender of the informal supporter, and the type of relationship they have with the survivor impact both the way they respond within the situation, and the effects that they themselves experience. Women callers tended to know more about the situation, and sometimes called even if they hardly knew the survivor. This is consistent with research findings which indicate that female friends and relatives receive disclosures of abuse more frequently, and that female bystanders indicate greater willingness to help (Bosch & Bergen, 2006; Brown, Banyard, & Moynihan, 2014; Sylaska & Edwards, 2014). Informal supporters often expressed

emotion during calls to a DV helpline; this tended to be in the form of anxiety for female callers and frustration for male callers. Direct research with informal supporters, though in its infancy, has recognised the level of emotional turmoil involved in journeying alongside a survivor, with people frequently reporting intense fear, anxiety, anger, frustration and distress (Gregory et al., 2017a; Gregory et al., 2017b; Latta & Goodman, 2011). More research is needed to understand how variation in the characteristics of informal supporters influences the impact of the situation upon them.

Within the current study, parents were described as experiencing deeper emotional states of sadness and pain than siblings of survivors. It is possible that these differences are partially due to the disparity regarding the way in which DV is disclosed. Mothers and fathers are less likely to be considered confidantes by survivors for a variety of reasons, including survivors not being confident of helpful responses, and not wanting to burden or disappoint their parents (Edwards et al., 2011; Moe, 2007; Rose, Campbell, & Kub, 2000). Thus, at the point where parents do become aware, the situation may have already escalated and even reached crisis levels. In contrast, siblings may be aware of the situation earlier, having time to digest and process the information, which may mean that they are better placed to offer pragmatic support without the same levels of emotional overwhelm.

For many informal supporters, the sense of responsibility and the consequent desire to "rescue" the survivor is strong, particularly when the abuse has extended over a long period, and when they are denied an opportunity to intervene. Again, from more general carer research we can draw helpful parallels, with studies showing that greater burden is experienced by people providing informal support when the duration is prolonged (Byrom, 2019; Kamil & Velligan, 2019; M. Tan et al., 2019). Several informal supporters, who were discussed in the current study, took matters into their own hands to try to resolve the situation, even if this curtailed and overrode survivors' wishes. From direct research with survivors, we know that

this undermining of survivors' agency, autonomy and decision-making is unhelpful and even detrimental, not least to their relationship with the informal supporter (Abrahams, 2010; Feder, Hutson, Ramsay, & Taket, 2006; Hoff, 1990; Moe, 2007). However, for people in a close relationship with a survivor, there appears to be an inward wrestling between innate protective instincts, and the desire to offer unconditional, non-directive support. Latta describes this inner turmoil as people *"struggling to define their role"* (Latta, 2008), and acknowledges that in doing so, informal supporters may indeed make some poor decisions.

Linked with this inner turmoil, is the sense of helplessness that informal supporters frequently felt as they watched the situation from the side-lines, and that helpline workers additionally experienced as they provided listening support. This transference of helplessness and sense of disempowerment has been noted in our previous work (Gregory, 2015; Gregory et al., 2017a; Gregory et al., 2017b) , and has also been identified as part of the picture for other professionals who interact with DV survivors, including medical professionals and therapists (Kohler et al., 2013; Watson, Carthy, & Becker, 2017). Feeling so powerless and impotent, created a desperation in people for a "magic" solution to the problem, and when it became apparent that this was unlikely, blame and guilt frequently came to the fore. Sometimes people blamed the survivor, questioning her abilities to extricate herself from the relationship and expressing resentment towards her for putting them in an uncomfortable position. Unfortunately, from research with survivors, we know that survivor-blaming is common, and can be incredibly destructive (Trotter & Allen, 2009). In previous work with informal supporters, we identified similar occurrences, though less overt than those reported in the current study. We observed that survivor-blaming often results when people support a survivor over a longer period, with very little perceived control, and where advice and support offered were being ignored or rejected (Gregory, 2015).

In addition, people blame themselves for not having noticed or responded sooner, for not being able to respond in the way they want to, and for feeling negative emotions about the situation. Our previous research identified this self-blame as one of the key psychological impacts for informal supporters (Gregory, 2015; Gregory et al., 2017a). Additionally, there are interesting similarities between informal supporters and survivors in terms of the propensity to blame oneself, particularly regarding *"behavioural self-blame"* where cognitive attributions of blame rest on one's own controllable behaviour, promoting self-punishing thoughts about what one should or should not have done within a situation (Kennedy & Prock, 2016). For survivors who have a daughter in an abusive relationship, there is an amplification of self-blame, with fears about responsibility for their daughter's upbringing and subsequent choices, compounded by their own perceived sense of culpability for the abuse they experienced.

The specialist DV helplines were understood by both helpline workers and by third parties to be the only resource currently available for informal supporters. Beyond the current listening and signposting support provided, an extended specifically tailored service for informal supporters was considered vital. Participants felt that such a service should reduce isolation, acknowledge and "normalise" people's experience, and promote peer learning. Research pertaining to peer-based interventions for people in a carer role (Akarsu, Prince, Lawrence, & Das-Munshi, 2019; Chien, Bressington, & Chan, 2018), may provide insights for the development of tailored services for informal supporters of DV survivors.

Strengths and limitations

A key strength of this study is the originality of perspective; helpline workers have a wealth of knowledge and expertise which is rarely sought for research purposes. Accessing information pertaining to informal supporters' help-seeking is fundamental to better understand and equip friends, relatives, colleagues and neighbours to respond well in situations of domestic violence. The limitations of this research are two-fold. First, the number of participants was relatively

small. Although saturation of themes was reached, it is possible that we have not articulated the full range of DV helpline staff experiences in relation to informal supporters. The second limitation relates to the relative homogeneity of participants regarding ethnicity and education level; participants were predominantly White British and were highly educated. With regards to ethnicity, BAME women were underrepresented in the pool of potential participants; there is evidence to suggest that BAME individuals (particularly women) are under-represented more generally in volunteering roles (JUMP, 2019). Whilst efforts were made to recruit people from a variety of backgrounds, these strategies were clearly limited in terms of success.

Conclusion

Support from friends and family members may be vital for the wellbeing and survival of women experiencing DV. Specialist DV helplines play a unique role in the service provision for these informal supporters, and helpline workers have valuable insight regarding the help-seeking triggers for informal supporters, their responses to survivors, and the direct impacts that this population experience. In particular, the sense of responsibility and the contagious feelings of helplessness were highlighted. Informal supporters need reassurance about their involvement in the situation and about the validity of their own help-seeking. Developing tailored services to equip and empower informal supporters is the crucial next step, the necessary components of which should reduce isolation, acknowledge and "normalise" people's experience, and promote peer learning.

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